



# NOTICE OF CANNABIS LICENSE APPLICATION

## WASHINGTON STATE LIQUOR AND CANNABIS BOARD

License Division - P.O. Box 43098  
Olympia, WA 98504-3098  
Customer Service: (360) 664-1600  
Fax: (360) 753-2710  
Website: <http://lcb.wa.gov>

**RETURN TO: [localauthority@sp.lcb.wa.gov](mailto:localauthority@sp.lcb.wa.gov)**

TO: GRANT COUNTY COMMISSIONERS

DATE: 6/08/23

RE: APPLICATION FOR ADDED PRIVILEGE

APPLICANTS:

BAR 37 RANCHES, INC.

UBI: 604-417-405-001-0002

SMITH, OLIVER CARL

1954-06-12

License: 429856 - 7X County: 13

SMITH, LISA DEE

Tradename: BAR 37 RANCHES INC.

1962-05-12

Loc Addr: 22745 ROAD 4 SE PEN E  
WARDEN, WA 98857-9715

Mail Addr: 8669 NEPPEL RD NE  
MOSES LAKE, WA 98837

Phone No.: 509-750-0851 CARL SMITH

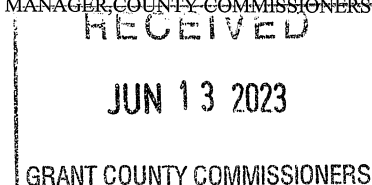
Privileges Upon Approval:  
CANNABIS PRODUCER TIER 3

**As required by RCW 69.50.331(7)** the Liquor and Cannabis Board is notifying you that the above has applied for a cannabis license. You have 20 days from the date of this notice to give your input on this application. If we do not receive this notice back within 20 days, we will assume you have no objection to the issuance of the license. If you need additional time to respond, you must submit a written request for an extension of up to 20 days, with the reason(s) you need more time. If you **need information on SSN, contact our Cannabis CHRI desk at (360) 664-1704.**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Do you approve of applicant? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you approve of location? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you disapprove and the Board contemplates issuing a license, do you wish to request an adjudicative hearing before final action is taken? .....<br>(See WAC 314-55-160 for information about this process) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you disapprove, per RCW 69.50.331(7)(c) you MUST attach a letter to the Board detailing the reason(s) for the objection and a statement of all facts on which your objection(s) are based.                 |                          |                          |

DATE

SIGNATURE OF MAYOR, CITY MANAGER, COUNTY COMMISSIONERS OR DESIGNEE



## **Jerry T. Gingrich**

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**From:** Christopher Young  
**Sent:** Tuesday, June 13, 2023 12:55 PM  
**To:** Jerry T. Gingrich  
**Subject:** RE: Washington State Liquor and Cannabis Board - Official Local Authority Notice - 429856-7X

Jerry - this one is good to go.

Thanks -

Chris Young  
Director/Building Official  
Grant Co Development Services

Phone: 509-754-2011 (3019)  
Email: cyoung@grantcountywa.gov

Mailing: PO Box 37  
Ephrata WA 98823  
Physical: 264 W Division Ave Ephrata WA 98823

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-----Original Message-----

From: Jerry T. Gingrich <jtgingrich@grantcountywa.gov>  
Sent: Monday, June 12, 2023 6:29 AM  
To: Christopher Young <cyoung@grantcountywa.gov>  
Subject: FW: Washington State Liquor and Cannabis Board - Official Local Authority Notice - 429856-7X

Chris - another license application seeking recommendations.

Jerry T. Gingrich  
Deputy Clerk of the Board 2  
Grant County Board of Commissioners  
PO Box 37  
Ephrata, WA 98823  
509-754-2011 ext. 2931  
Fax: 509-754-6098  
www.grantcountywa.gov  
jtgingrich@grantcountywa.gov

-----Original Message-----

From: localauthority@sp.lcb.wa.gov <localauthority@sp.lcb.wa.gov>